



**RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT**
State Form 57480 (7/24)
FLOYD COUNTY HEALTH DEPARTMENT

Release Date 8/10/2025 Date 7/30/2025
 No. of Risk Factor/Intervention Violations 4 Time In 22:25
 No. of Repeat Risk Factor/Intervention Violations 0 Time Out 23:00

Establishment READY SET PREP'D	Address 1222 STATE ST, STE 4	City/State NEW ALBANY, IN	Zip Code 47150	Telephone 812-725-7720
License/Permit # 11309 - Retail Food License	Permit Holder READY SET PREP'D	Purpose of Inspection Routine	Est. Type	Risk Category Risk Level 3 (Medium)

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
 IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		COS	R
Supervision			
1	IN		
Person-in-charge present, demonstrates knowledge, and performs duties			
2	IN		
Certified Food Protection Manager			
Employee Health			
3	IN		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	IN		
Proper use of restriction and exclusion			
5	IN		
Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices			
6	IN		
Proper eating, tasting, drinking, or tobacco products use			
7	IN		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	IN		
Hands clean & properly washed			
9	IN		
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	IN		
Adequate handwashing sinks properly supplied and accessible			
Approved Source			
11	IN		
Food obtained from approved source			
12	IN		
Food received at proper temperature			
13	IN		
Food in good condition, safe, & unadulterated			
14	IN		
Required records available: molluscan shellfish identification, parasite destruction			
Protection from Contamination			
15	IN		
Food separated and protected			
16	OUT		
Food-contact surfaces; cleaned & sanitized			

Compliance Status		COS	R
17	IN		
Proper disposition of returned, previously served, reconditioned & unsafe food			
Time/Temperature Control for Safety			
18	IN		
Proper cooking time & temperatures			
19	IN		
Proper reheating procedures for hot holding			
20	IN		
Proper cooling time and temperature			
21	IN		
Proper hot holding temperatures			
22	IN		
Proper cold holding temperatures			
23	IN		
Proper date marking and disposition			
24	IN		
Time as a Public Health Control; procedures & records			
Consumer Advisory			
25	IN		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	IN		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
27	IN		
Food additives: approved & properly used			
28	IN		
Toxic substances properly identified, stored, & used			
Conformance with Approved Procedures			
29	IN		
Compliance with variance/specialized process/HACCP			

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

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FLOYD COUNTY HEALTH DEPARTMENT

License/Permit #

11309 - Retail Food License

Date 7/30/2025

Establishment READY SET PREP'D	Address 1222 STATE ST, STE 4	City/State NEW ALBANY, IN	Zip Code 47150	Telephone 812-725-7720
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GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is **not** in compliance Mark "X" in appropriate box for COS and/or R **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	Pasteurized eggs used where required		
31	Water & ice from approved source		
32	Variance obtained for specialized processing methods		
Food Temperature Control			
33	Proper cooling methods used; adequate equipment for temperature control		
34	Plant food properly cooked for hot holding		
35	Approved thawing methods used		
36	Thermometers provided & accurate		
Food Identification			
37	Food properly labeled; original container		
Prevention of Food Contamination			
38	X Insects, rodents, & animals not present		
39	Contamination prevented during food preparation, storage & display		
40	Personal cleanliness		
41	Wiping cloths: properly used & stored		
42	Washing fruits & vegetables		

Compliance Status		COS	R
Proper Use of Utensils			
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored & used		
46	Gloves used properly		
Utensils, Equipment and Vending			
47	Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
Physical Facilities			
50	Hot & cold water available; adequate pressure		
51	X Plumbing installed; proper backflow devices		
52	Sewage & waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	X Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, & clean		
56	Adequate ventilation & lighting; designated areas used		

OUTDOOR FOOD OPERATION & MOBILE RETAIL FOOD ESTABLISHMENT

Circle designated compliance status (IN, OUT, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN = in compliance

OUT = not in compliance

N/A = not applicable

COS = corrected on-site during inspection

R = repeat violation

Compliance Status		COS	R
57	IN Outdoor Food Operation		

Compliance Status		COS	R
58	IN Mobile Retail Food Establishment		

Peggy Garbe

Person In Charge (Signature)

Date: 7/30/2025

Thomas Snider, Chief Food

Specialist

Inspector (Signature)

Follow-up:

NO

Follow-up Date:

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Address

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City/State

NEW ALBANY, IN

Zip Code

47150

Telephone

812-725-7720

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.	Complete by Date:
16	Measured chlorine sanitizer at the auto-chlor machine at 0 ppm.	7/31/2025
38	Observed no self-closing device in the back exterior door.	8/30/2025
51	Observed the airgap, for the walk in cooler drain pipe, covered by tape.	7/30/2025
54	Observed no drainage plug in the dumpster.	8/8/2025

Published Comment Discussed the requirement for an employee reporting policy, written allergen declaration, and a clean up procedure for a vomit or diarrheal event.

Peggy Garbe

Person In Charge (Signature)

Date: 7/30/2025

Thomas Snider, Chief Food
Specialist**Inspector (Signature)**

Date: 7/30/2025